

FORM TO BE USED BY PRISONERS IN FILING A COMPLAINT UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983  
**IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF MISSISSIPPI**

Medical NegligenceMoran 171513

(Last Name) (Identification Number)

Donald

(First Name) (Middle Name)

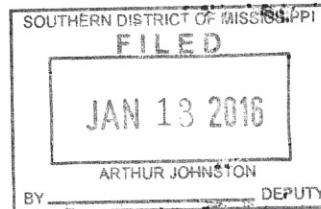
East Miss. Correctional Facility

(Institution)

10641 Hwy 80 WMeridian, MS 39307

(Address)

(Enter above the full name of the plaintiff, prisoner, and address plaintiff in this action)

**COMPLAINT**

V.

CIVIL ACTION NUMBER:

3:16cv15-HTW-LRA

(to be completed by the Court)

E.M.C.F. Medical Dept.Miss. Dept. of Corr. (MDOC);and Centurion Et. Al.and Dr. Abangon

(Enter above the full name of the defendant or defendants in this action)

**OTHER LAWSUITS FILED BY PLAINTIFF****NOTICE AND WARNING:**

The plaintiff must fully complete the following questions. Failure to do so may result in your case being dismissed.

A. Have you ever filed any other lawsuits in a court of the United States? Yes (X) No ( )

B. If your answer to A is yes, complete the following information for each and every civil action and appeal filed by you. (If there is more than one action, complete the following information for the additional actions on the reverse side of this page or additional sheets of paper.)

1. Parties to the action: Harrison Co. Adult Detention Center; Health Assurance Medical Services

2. Court (if federal court, name the district; if state court, name the county): Federal Court, Southern District, MS

3. Docket Number: 1:13-cv-00111-LG-JMR

4. Name of judge to whom case was assigned: \_\_\_\_\_

5. Disposition (for example: was the case dismissed? If so, what grounds? Was it appealed? Is it still pending?): Dismissed on the ground of Appellant fail to file Brief timely.

## PARTIES

(In item I below, place your name and prisoner number in the first blank and place your present address in the second blank. Do the same for additional plaintiff, if any).

I. Name of plaintiff: Donald Moran Prisoner Number: 171513

Address: E. M. C. F. 4-D-106

10641 HWY 80 W

Meridian, MS 39307

(In item II below, place the full name of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use the space below item II for the names, positions, and places of employment of any additional defendants.)

II. Defendant: Ollie Little is employed as

Health Services Administrator at East Miss. Corr.

Facility Medical Dept., 10641 Hwy 80W, Meridian, MS 39307

The plaintiff is responsible for providing the court the name and address of each plaintiff(s) as well as the name(s) and address(es) of each defendant(s). Therefore, the plaintiff is required to complete the portion below:

### PLAINTIFF:

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### DEFENDANT(S):

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
Miss. Dept. of Corrections \_\_\_\_\_  
Centurion \_\_\_\_\_  
Dr. Abangas \_\_\_\_\_ Meridian, MS 39307  
\_\_\_\_\_  
\_\_\_\_\_

### GENERAL INFORMATION

A. At the time of the incident complained of in this complaint, were you incarcerated because you had been convicted of a crime?

Yes () No ()

B. Are you presently incarcerated for a parole or probation violation?

Yes () No ()

C. At the time of the incident complained of in this complaint, were you an inmate of the Mississippi Department of Corrections (MDOC)?

Yes () No ()

D. Are you currently an inmate of the Mississippi Department of Corrections (MDOC)?

Yes () No ()

E. Have you completed the Administrative Remedy Program regarding the claims presented in this complaint?

Yes () No () , if so, state the results of the procedure: Most recent one states that

this Facility sent MDOC a request for permission to treat me (12-2-15)

F. If you are not an inmate of the Mississippi Department of Corrections, answer the following questions:

1. Did you present the facts relating to your complaint to the administrative or grievance procedure in your institution?

Yes () No ()

2. State how your claims were presented (written request, verbal request, request for forms): N/A

\_\_\_\_\_

\_\_\_\_\_

3. State the date your claims were presented: N/A

\_\_\_\_\_

4. State the result of the procedure: N/A

\_\_\_\_\_

### STATEMENT OF CLAIM

III. I was arrested on or about the 21<sup>st</sup> day of April, 2010 and on the 27<sup>th</sup> day of April, 2010 I was put on suicide watch for eight (8) days. I was then put on a step down program on D-block E-section cell 113. On the 9<sup>th</sup> day of May, 2010 after being locked up without any sleep for six (6) days and nights due to medical running out of my Seraguilts.

Officer Marcus Thron came to my cell and told me it was my turn to come out for my one(1) hr. recreation time. I told him not to open my cell cause I've been up all night and day for six (6) consecutive days and nights. I told him that if he opened my cell, I'm going to go up on the top tier and fly out of here. My mind wasn't functioning right and I was notifying this officer of that, in which he refused to acknowledge.

When officer Thron open my cell up anyway, I came out, went up on the top tier and spoke to inmate Brian Bradshaw in cell 238. As I was leaving his cell, something in my mind told me that I didn't belong here in this world anymore. I then jumped of the top tier landing on my feet causing my ankles to break.

This all happen on the 9<sup>th</sup> day of May, 2010, around 7:30 pm. I was taken to the hospital and upon of being released they (Co. Jail) moved me in the Medical Dept. where the nurses could tend to my injuries. After four (4) months I was moved to D-block F-section, this is a medical unit. I stayed there for sixteen (16) months and then put on a pod for regular inmates, which

was on B-block E-section and after nineteen (19) months I was sent to Rakin Co. for three (3) months before coming here to East Mississippi Correctional Facility, being ran by G.E.O., and Health Assurance.

Upon arriving I've put in at least six (6) sick calls approximately within the periods of January 2012-September 2012, before I was ever seen. I saw Dr. Edwards and he did nothing to help me. I saw him twice more by the end of the year, then he was gone. By the first of the year they had a new doctor Dr. Crut.

When I saw him, due to he felt surgery was needed on my feet and ankles. He stated that M.D.O.C. had to approve the surgery. I saw Dr. Crut at least twice more before he did the surgery on the 22<sup>nd</sup> day of November, 2013. I saw him thrice more for follow up before he quit working here. Then a Dr. Lewis was hired, and I saw him thrice and a week before he left I saw him and told him about the pain and he told me that my feet and ankles are still messed up and need further surgery.

The medical company Centurion took over and I was told that they will not have a foot Dr. or prescribing pain management due to no doctor to handle it. I've been trying to get the finished treatment for my feet and ankles ever since Dr. Lewis left. I've filed numerous Administration Remedy Program grievances pertaining this issue. (A.R.P.s Enclosed).

To this day my feet hurt to the point that walking and working is at times hindered completely. My ankles lock up in which I can't get out of bed cause I

Can't put ~~any~~ pressure on them.

IV.

RELIEF

To have the appropriate surgery done to my feet and ankles; and to have my Neurontins re-scribed due to the nerve damage in my feet and ankles. Also \$75,000~~00~~ for pain and sufferage and \$75,000~~00~~ for mental anguish.

Signed this 4<sup>th</sup> day of January,  
2016.

Donald Mann

Address: SMCF 4-D-104  
10641 Hwy 80 W  
Meridian, MS 39307

I declare under penalty of perjury that the foregoing is true and correct.

1-4-16  
DATE

Donald Mann  
Signature

STATE OF MISSISSIPPI  
COUNTY OF LAUDERDALE

PERSONALLY APPEARED BEFORE  
ME, the undersigned authority in and for  
said jurisdiction, the within named Petitioner,  
who, after being first duly sworn by me,  
stated on oath that the statement(s) set  
in the above and foregoing are true and  
correct as therein stated.

SWORN TO AND SUBSCRIBED  
before me, this the 5 day of January, 2016.

Donald Mann  
PETITIONER

1/13/18  
COMMISSION EXPIRES

Marylin Braxton  
NOTARY PUBLIC  
STATE OF MISSISSIPPI  
No 107655  
Comm Expires  
January 13, 2018  
NOTARY PUBLIC  
LAUDERDALE COUNTY

CERTIFICATE OF SERVICE

This is to certify that I have this date,  
caused to be mailed, via U.S. Mail, postage paid,  
a true and correct copy of the above and foregoing  
Document(s) to:

EMCF Medical Dept

% Ollie Little

10641 Hwy 80 w

meridian, ms 39307

M.D.O.C.  
633 N STATE STREET  
JACKSON, MS 39202

Centurion Health

care, 1593 Springhill RD.

Ste 600 Vienna

Virginia 22182

EMCF Medical Dept.

% Dr. Abangan

10641 Hwy 80 w

meridian, ms 39307

SO CERTIFIED, this the 4<sup>th</sup> day of

January, 20 14.

Deneel May 17/15/13

PETITZONER/MDOC#

10641 Hwy 80 w

Address

meridian, ms 39307

Address



STATE OF MISSISSIPPI  
DEPARTMENT OF CORRECTIONS  
MARSHALL FISHER  
COMMISSIONER

Superintendent  
Mississippi State Penitentiary

Post Office Box 1057  
Parchman, Mississippi 38738  
(662)745-6611

December 18, 2015

Inmate: Donald Moran #171513 *4D 106*

RE: Your Request for Administrative Remedy  
EMCF 15-2263

I am in receipt of your recent request for Administrative Remedy concerning your request for the treatment of your feet. Medical is waiting for MDOC to respond to their request to further treat you.

It has been noted that you have previously submitted an ARP concerning the same issue, which is closed. Once the ARP has closed, you cannot re-file that same complaint, nor will it be re-opened.

Therefore, since this matter has already been accepted and closed, this particular request is being returned to you and will not be processed.

Sincerely,

A handwritten signature in black ink that reads "Mary Dempsey".

Mary Dempsey, ARP Coordinator  
Administrative Remedy Program

Pc: Inmate File

A.R.P.

This Is A Administrative Remedy Request

Donald Moran 171513

v.

12/14/15

M.D.O.C., et al

RE: Medical Treatment

On Feet

On or about 11-22-13, Dr. Cruel did surgery on both of my feet due to jumping off the top tier. He quitted for Health Assurance after seeing him only three (3) times. A Dr. Lewis was hired and I seen him three times and he notify me that my feet were still damage.

He soon quitted and then Centorian took over E.M.C.F.'s Medical Dept. I have sent in several Medical Request Forms (M.R.F.) complaining about the severe pain in my feet. How it gets hard to walk cause they will lock-up so I can't even step on them.

I was given the run-around for so long, that on ~~11-8-15~~ 11-8-15 I filed an A.R.P. on E.M.C.F.'s Medical Dept.. (A.R.P. Enclosed) Their first response was that they contacted you for a consultation and that's why they needed to take X-rays. Also that they are waiting Your final decision on what to do. (First Step Enclosed)

I responded back and their Second Step Response was

that they sent out to MDOL a request for evaluation but I (Dr. Abangan) have not received any reply yet. I have waited twelve (12) days for a response.

Relief Sought

To get appropriate medical treatment on my feet. To receive pain medication for the pain till treatment is performed. Diagnosed for orthopedic shoes.

Donald Moran

Inmate Signature

12/15/15

Today's Date

Donald Moran 171513  
EMCF 4-D-106  
10641 Hwy 80 w  
Meridian, MS 39307

East Mississippi Correctional Facility

ARP

THIS IS A REQUEST FOR ADMINISTRATIVE REMEDY

Donald Moran

Inmate Name

171513

MDOC#

4-D-106

Housing Unit

Date of Incident: 11-22-13

Time of Incident: On going

Place of Incident: F.M.C.E.

Alleged complaint: on centarian medical

After the surgery was done on my feet by DR. Crull on 11-22-13, I got to see him 3 times for follow up on my feet then he quite working for health assurance that was here at that time. Then they got DR. Lewis a new foot DR. I seen him 3 times and he told me my feet are messed up still then he quite. Thats when centarian medical took over and sence then I've been denied medical treatment on my feet they don't want to give me anything worth taking for pain I go threw and I was told they will not have another foot DR. at all. I also been trying to get some orthopedic shoes for my feet. I go threw a lot of pain and I know theres something else a good DR. can do to fix my feet so I want have a hard time walking.

Relief Requested:

The relief I seek is to get medical treatment on my feet by a foot DR. that's good and to help me over come some of the pain I have in my feet. This is a ongoing problem I have. Theres a lot of pain and suffering I go threw with my feet. I just want to get'em fixed.

Donald Moran

Inmate Signature

11-8-15

Today's Date

**MISSISSIPPI DEPARTMENT OF CORRECTIONS**  
**Administrative Remedy Program**

ARP-2

NUMBER EMCF - 15 - 2263

**FIRST STEP RESPONSE FORM**

Type or use ball point pen. You must return your response to the Legal Claims Adjudicator within 30 days of the date the request was initiated.

TO: Donald Moran 171513  
 Inmate's Name and DOC#

FROM: Mr Little  
 Person to whom 1st Step is Directed

EMCF  
 Housing Unit  
Medical  
 Title/Location

If you are not satisfied with this response, you may go to Step Two by checking below and forwarding to the ARP Legal Claims Adjudicator within 5 days of your receipt of this decision.

We requested a consultation for you from MDOC  
which is why we needed to do another X-Ray.  
We are awaiting the final decision of MDOC on  
how to move forward.

Mr Little  
MSA  
 Signature

11-24-15  
 Date

I am not satisfied with this response and wish to proceed to Step Two.

REASON:

I want to proceed with complete steps at ARP to insure that I

will be attended to and if not I'll be able to proceed to a 1983 suit.  
or request, in writing, to be granted permission to hold here on Step one but allow  
to reopen if medical doesn't follow through.

I wish to cancel this complaint. You do not have to return this and time limit will cancel complaint.

Donald Moran 171513  
 Inmate's Signature

DOC#

17/1/15  
 Date

Inmate's - COPY

**MISSISSIPPI DEPARTMENT OF CORRECTIONS**  
**Administrative Remedy Program**

**EMCF 15-2263**  
**Second Step Response Form**

You must respond to the inmate within 45 days of receipt of the appeal of the First Step Response.

Inmate's Name & #: **Donald Moran #171513**

Location: **EMCF**

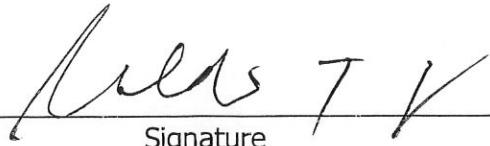
From: **Dr. Abangan**

Title: **Doctor**

---

We have sent out to MDOC  
~~Gen~~ a request for eval  
but I have not received  
any reply yet

---



Signature

---



Date

---

The above named inmate has fulfilled the requirements of the Administrative Remedy Program and is eligible to seek judicial review within 30 days of receipt of the Second Step Response.

---

Inmate's Signature DOC # Date

## East Mississippi Correctional Facility

## Inmate Request Form

Inmate Name: Donald moran MDOC #: 171513Housing Assignment: 4-D-106Date: 12-7-15

Warden  
 Warden of Security  
 Major  
 Captain  
 Chaplain  
 Medical

Education  
 Telephone  
 Grievance  
 ID Badges  
 Library  
 Gym

Unit Manager  
 Psychologist  
 Mental Health Counselor  
 Case Manager  
 Programs Director  
 Kitchen

## Inmate Request:

The Reall ~~rea~~ Reason I stoped working in the Kitchen  
 ms. Jones my feet and ankles was hurting me very  
 Badly. But I did work 92 day's for y'all before I  
 had to stop.

you Have A Blessed Day ms, Jones !!!

## Official Use Only:


Departmental Signature

**MISSISSIPPI DEPARTMENT OF CORRECTIONS**  
**Administrative Remedy Program**

**EMCF 15-2074**  
**Second Step Response Form**

You must respond to the inmate within 45 days of receipt of the appeal of the First Step Response.

Inmate's Name & #: **Donald Moran #171513**

Location: **EMCF**

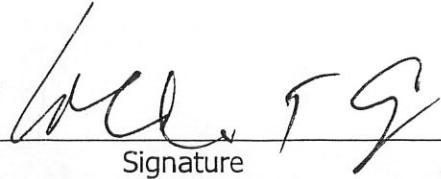
From: **Dr. Abangan**

Title: **Doctor**

---

*Neumann was ordered  
by McDunn + was  
discontinued 9-21-15*

---



Signature

*10-26-15*

Date

---

The above named inmate has fulfilled the requirements of the Administrative Remedy Program and is eligible to seek judicial review within 30 days of receipt of the Second Step Response.

---

Inmate's Signature DOC # Date

**MISSISSIPPI DEPARTMENT OF CORRECTIONS**  
**Administrative Remedy Program**

ARP-2

NUMBER EMCF - 15 - 3074

**FIRST STEP RESPONSE FORM**

Type or use ball point pen. You must return your response to the Legal Claims Adjudicator within 30 days of the date the request was initiated.

TO: Donald Moran 171513

Inmate's Name and DOC#

EMCF

Housing Unit

FROM: ME Little

Person to whom 1st Step is Directed

Title/Location

If you are not satisfied with this response, you may go to Step Two by checking below and forwarding to the ARP Legal Claims Adjudicator within 5 days of your receipt of this decision.

I will refer you to Dr Abanson for own treatment.  
As for the medication changes by FNP Dunn, I cannot  
interfere with the orders of a provider.

Donald Moran

Signature

10-22-15

Date

I am not satisfied with this response and wish to proceed to Step Two.

REASON:

I am not satisfied with your response cause Dunn did not change nothing she stoped NEW Rontini that worked good for me on my mood disorder I have

I wish to cancel this complaint. You do not have to return this and time limit will cancel complaint.

Donald Moran 171513

Inmate's Signature

DOC#

10-25-15

Date

Inmate's - COPY

**MISSISSIPPI DEPARTMENT OF CORRECTIONS**  
**Administrative Remedy Program**

ARP-2

NUMBER EMKE-14-2104

**FIRST STEP RESPONSE FORM**

Type or use ball point pen. You must return your response to the Legal Claims Adjudicator within 30 days of the date the request was initiated.

TO: Donald Moran 171513  
Inmate's Name and DOC#

EMKE  
Housing Unit

FROM: MR Little  
Person to whom 1st Step is Directed

EMKE  
Title/Location

If you are not satisfied with this response, you may go to Step Two by checking below and forwarding to the ARP Legal Claims Adjudicator within 5 days of your receipt of this decision.

I cannot dictate which medications Dr Abangon  
gives. At this step there is no offer of relief I  
can provide.

D. Little

Signature

10-2-14

Date

I am not satisfied with this response and wish to proceed to Step Two.

REASON:

I DO HAVE NERVE DAMAGE IN MY FEET & KNOW BECAUSE THE  
FOOT DR. - DR. CRUZ TOLD ME SO. AND I ALREADY HAVE RECORDS ON MY FEET!

I wish to cancel this complaint. You do not have to return this and time limit will cancel complaint.

Donald Moran 171513  
Inmate's Signature

DOC#

10-2-14-14  
Date

Inmate's - COPY



# East Mississippi Correctional Facility

## ARP THIS IS A REQUEST FOR ADMINISTRATIVE REMEDY

DONALD MORAN  
Inmate Name

171513  
MDOC#

4-D-106  
Housing Unit

Date of Incident:

8-4-14

Time of Incident:

10:00 AM

Place of Incident:

MEDICAL UNIT

Alleged complaint: IT'S ABOUT DR. ROLAND ABANGAN

I WENT TO SEE DR. ABANGAN ABOUT THE PAIN I'M STILL HAVING IN MY FEET AND ANKLES AFTER SURGERY THAT WAS DONE ON MY FEET NOV. 22ND. 2013 AND I ASK HIM TO PUT ME ON NYROTON 1,600 MG'S A DAY LIKE I WAS GETTING IN THE FREE WORLD FROM MY PAIN MANAGEMENT DR. WU ON THE COAST AND DR. ABANGAN TOLD ME HE WILL NOT GIVE ME ANYTHING FOR THE PAIN IN MY FEET AND ANKLES



Relief Requested:

ALL I'M ASKING FOR IS FOR MEDICAL TO PUT ME ON THE PAIN MEDS. I WAS GETTING WE I WAS IN THE FREE WORLD AND IF THE MEDICAL OR I WILL NOT HELP ME I'LL TAKE THIS TO THE NEXT LEVEL STEP 2  
THANKS AND HAVE A BLESSED DAY!!!

Donald Moran  
Inmate Signature

8-6-14  
Today's Date

**MISSISSIPPI DEPARTMENT OF CORRECTIONS**  
**Administrative Remedy Program**

ARP-2

NUMBER ENKF - 15 - 124

**FIRST STEP RESPONSE FORM**

Type or use ball point pen. You must return your response to the Legal Claims Adjudicator within 30 days of the date the request was initiated.

TO: Donald Morgan 171573  
 Inmate's Name and DOC#

ENKF  
 Housing Unit

FROM: MR. Little  
 Person to whom 1st Step is Directed

Medical  
 Title/Location

If you are not satisfied with this response, you may go to Step Two by checking below and forwarding to the ARP Legal Claims Adjudicator within 5 days of your receipt of this decision.

Records indicate 1-28-15 you were seen by Dr. Lewis  
 and he ordered X-Rays. He will follow up on base  
 his decisions on the results and his follow up exam. Please  
 remain patient while Dr. Lewis determines your needs.

Donald Morgan  
 Signature

2-10-15  
 Date

I am not satisfied with this response and wish to proceed to Step Two.  
 REASON:

I also requested to get some special shoes for my feet.

I wish to cancel this complaint. You do not have to return this and time limit will cancel complaint.

Donald Morgan 171573  
 Inmate's Signature DOC#

2-12-15  
 Date

IN THE U.S. DISTRICT COURT  
OF JACKSON, MISSISSIPPI

Donald Moran

PETITIONER

v.

CAUSE NO. \_\_\_\_\_

E.M.C. Medical Dept.

DEFENDANT(S)

M.D.O.C., Centurion

Et. Al.

NOTICE OF MOTION(S)

COMES NOW, the Petitioner, Pro Se,

Donald Moran, in the above styled and numbered cause and would bring forth for hearing this his Motion For 1983 Lawsuit, to be heard at a time and place to be set by this Honorable Court.

This the 4<sup>th</sup> day of January, 2016.

Respectfully Submitted,

Petitioner: Donald Moran

Address: E.M.C. 4-D-106

10641 Hwy 80 W

Meridian, MS 39307